

Wyoming Department of Health
Office of Healthcare Licensing and Surveys
400 Qwest Bldg., 6101 Yellowstone Rd.
Cheyenne, WY 82002
Fax: (307) 777-7127 – Telephone: (307) 777-7123

Fire/Explosion/Life Safety Code
Incident/Accident Report

Facility name:				Date:	
Facility address:				Time:	
City:		State:	Wyoming	Zip Code:	
Telephone number:		Fax number:			
Nature of incident (check applicable): <input type="checkbox"/> Alarm System <input type="checkbox"/> Fire <input type="checkbox"/> Generator <input type="checkbox"/> Sprinkler System					
Cause:					
List of and Extent of Injuries					
Patients:					
Staff:					
Others:					
List of Damage to Facility and Furnishings					
Describe Staff Action					
Did all fire safety equipment operate properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Provide comments below.)</i>					

List all fire detection, fire alarm, and extinguishing equipment that operated automatically during the incident:			
Was the fire department summoned?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, time:
How? Explain:			
Was the fire department response satisfactory, considering promptness, number of personnel, appropriate equipment, and dealing with the problem?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Explain below.)</i>			
Did other emergency personnel respond?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If, yes, please describe:</i>			
Give an analysis of staff performance:			
Was an investigation/report made by the fire department or an insurance agency?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If "yes," please send a copy of this report to the Office of Healthcare Licensing and Surveys.</i>			
What actions were taken by the facility to prevent this incident from happening again?			
Additional comments, if any:			
Report prepared by:		Report approved by:	
Administrator	Date	Safety	Date

Please submit this report using one of the following methods:

1. By e-mail to WDH-OHLS@health.wyo.gov
2. By fax to: (307) 777-7127
3. Or by USPS: Office of Healthcare Licensing and Surveys, 400 Qwest Bldg., 6101 Yellowstone Rd., Cheyenne WY 82002